2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L04000058095

1. Entity Name
CLIMATECH COMFORT SYSTEMS, L.L.C.

Principal Place of Business	Mailing Address
981 PINOAK LANE	981 PINOAK LANE
CANTONMENT, FL 32533	CANTONMENT, FL 32533

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04062008   REIN-LLC   CR2E101 (1/07)

4. FEI Number 26-5777426 56 - 2517208   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, TRAVIS L 981 PINOAK LANE CANTONMENT, FL 32533	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

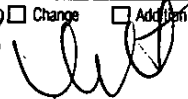| **FILE NOW!!! FEE IS $277.50**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS   **10. ADDITIONS / CHANGES**

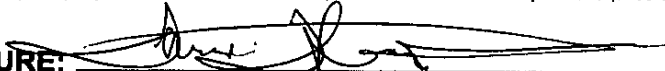|				
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMPSON, TRAVIS L		NAME	
STREET ADDRESS	981 PINOAK LANE		STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	04/14/08--01050--007 **277.50
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	REINSTATEMENT
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	07-08
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4/04/08   (850) 968-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #